

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

ADDRESS (number and street) ▼

7000 Cardinal Place

☐ Check if different than previously reported. (ACC)

Dublin

OH

43017

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00332833

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nancy Cushman

Signature of Treasurer

Nancy Cushman

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 19 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">191856.82</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">191856.82</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">21989.56</span>	<span style="border: 1px solid black; padding: 2px;">21989.56</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">213846.38</span>	<span style="border: 1px solid black; padding: 2px;">213846.38</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">0.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">213846.38</span>	<span style="border: 1px solid black; padding: 2px;">213846.38</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	3

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3564.00

3564.00

(ii) Unitemized .....

18397.78

18397.78

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

21961.78

21961.78

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

21961.78

21961.78

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

27.78

27.78

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

21989.56

21989.56

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

21989.56

21989.56

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	21961.78	21961.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21961.78	21961.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 9

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. WILLIAM OWAD**

Mailing Address 7558 HEATHERWOOD LN

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, OPERATIONAL EXC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.60

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : PR8739255508**

Amount of Each Receipt this Period

200.60

P/R Deduction (\$100.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MICHAEL C C KAUFMANN**

Mailing Address 7160 TEMPERANCE POINT ST

City State Zip Code  
WESTERVILLE OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
CEO, PHARMACEUTICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : PR8739385508**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MICHAEL P P KENNEDY**

Mailing Address 4783 VISTA RIDGE DR

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.60

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : PR8739505508**

Amount of Each Receipt this Period

200.60

P/R Deduction (\$100.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

785.80

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. CAROLE S S WATKINS**

Mailing Address 1967 WOODLANDS PLACE

City  
POWELL

State Zip Code  
OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
CHIEF HUMAN RESOURCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : PR8739725508**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. MARK E ROSENBAUM**

Mailing Address 632 CHEOWA CIRCLE

City  
KNOXVILLE

State Zip Code  
TN 37919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
CHIEF CUSTOMER OFFIC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : PR8739955508**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. CONNIE WOODBURN**

Mailing Address 9761 ERIN WOODS DR

City  
DUBLIN

State Zip Code  
OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CARDINAL HEALTH, INC

Occupation  
SVP, PROF & GOVT REL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : PR8740155508**

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1039.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. GEORGE S S BARRETT**

Mailing Address 246 E. SYCAMORE ST.

City State Zip Code  
 COLUMBUS OH 43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 CARDINAL HEALTH, INC CHAIRMAN/CEO, CARDIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : PR8741535508**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. CRAIG MORFORD**

Mailing Address 5565 LAKE SHORE AVE,

City State Zip Code  
 WESTERVILLE OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 CARDINAL HEALTH, INC CHIEF COMPLIANCE/LEG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : PR8741595508**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. MARK BLAKE**

Mailing Address 129 NORWOOD AVE

City State Zip Code  
 MONTCLAIR NJ 07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 CARDINAL HEALTH, INC EVP, STRATEGY & CORP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 31 / 2013

**Transaction ID : PR8742095508**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1153.80



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 9 OF 9

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NAME OF COMMITTEE (In Full)

**Cardinal Health Inc. PAC A/K/A Cardinal Health Companies PAC**

Full Name (Last, First, Middle Initial)

**A. JEFFREY SCOTT**

Mailing Address 300 W. SPRING STREET  
#1502

City State Zip Code  
COLUMBUS OH 43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

SVP, GM P4 HEALTHCAR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : PR8742195508**

Amount of Each Receipt this Period

200.60

P/R Deduction (\$100.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. DONALD M CASEY**

Mailing Address 7708 TILLINGHAST DRIVE

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARDINAL HEALTH, INC

Occupation

CEO, MEDICAL SEGMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : PR9413435508**

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

585.20

3564.00